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transmitted to the USPTO (571) 273-2885, on the date indicated below. Robert R. Williams IBM Corporation - Dept. 917 3605 Highway 52 North Rochester, MN 55901 (Depositor's name (Signature) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/660.032 09/11/2003 William Hugh Cochran ROC920030125US1 5821 TITLE OF INVENTION: METHOD AND APPARATUS FOR IMPLEMENTING REDUNDANCY ENHANCED DIFFERENTIAL SIGNAL INTERFACE APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE 504/c5/c00/ Denistros 00000016 004/6/2007 10660032 nonprovisional NO \$1400 01 FC:1501 1400.00 DA EXAMINER CLASS-SUBCLASS ART UNIT 02 FC:1504 300.00 DA RIZK, SAMIR WADIE 714-758000 2133 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Joan Pennington (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) INTERNATIONAL BUSINESS MACHINES CORPORATION, ARMONK, NEW YORK 10504 Please check the appropriate assignee eategory or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. (Publication Fee (No small entity discount permitted) Advance Order - # of Copies _ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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